

16569 U.S. PTO  
07/16/03

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	<b>Attorney Docket No.</b>	<b>TI-19714R</b>
	<b>First Named Inventor</b>	<b>E. Arslan</b>
	<b>Original Patent Number</b>	<b>6,263,307</b>
	<b>Original Patent Issue Date (Month/Day/Year)</b>	<b>July 17, 2001</b>
	<b>Express Mail Label No.</b>	<b>EV 333318280 US</b>


**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

### APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</p> <p>6. <input type="checkbox"/> Power of Attorney</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original Patent Grant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Ribbioned Original Patent Grant</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: _____</p>
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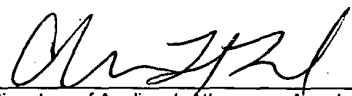
### 18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: <b>023494</b>	OR <input type="checkbox"/> Correspondence address below	
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<b>Name (Print/Type)</b>	<b>Carlton H. Hoel</b>	<b>Registration No. (Attorney/Agent)</b>	<b>29,934</b>
<b>Signature</b>		<b>Date</b>	<b>7/16/2003</b>

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) TI-19714R		
<b>Claims as Filed – Part 1</b>								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee			
(A) 3	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 13	**** 0 =	x \$ _____ =		or	x \$ 18 = 0	
(C) 1		(D) 3	* 2 =	x \$ _____ =			x \$ 84 = 168	
				Basic Fee (37 CFR 1.16(h))			\$ 750	
				Total Filing Fee			\$ _____	
						OR	\$ 918	
<b>Claims as Amended – Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
					Total Additional Fee		\$	OR \$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>20-0668</u> in the amount of <u>\$918.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>20-0668</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>7/16/2003</u> Date</p> <p><u>29,934</u></p> <p>Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p> Signature of Applicant, Attorney or Agent of Record <u>Carlton H. Hoel</u></p> <p>Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent No. 6,263,307  
Issue Date: July 17, 2001  
Appl. No.: TBD  
Filed: July 16, 2003  
For: Adaptive Wiener Filtering ...

Docket: TI-19714R

Box REISSUE  
Commissioner for Patents  
P.O.Box 1450  
Alexandria, VA 22313-1450

MAILING CERTIFICATE	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 today.	
 Gracia Sansom	7-16-03 Date

STATEMENT OF STATUS AND SUPPORT  
FOR ALL CHANGES TO THE CLAIMS

Dear Sir:

Pursuant to Rule 173(c), applicants state:

Status of the claims is as follows:


Patent claims 1-3 are unchanged and pending.

Preliminary amendment claims 4-13 are new and pending.

Support for the new claims of the preliminary amendment is as follows:

New claims 4-13 have support primarily at Patent column 8, line 10 through column 9, line 25.

Respectfully submitted,

  
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